Report No.
CS16036

London Borough of Bromley

PART 1 - PUBLIC

Decision Maker:	**HEALTH SCRUTINY SUB-COMMITTEE**
Date:	**25th February 2016**
Decision Type:	Non-Urgent Non-Executive Non-Key
Title:	**URGENT & EMERGENCY CARE WINTER DELIVERY SCHEMES**
Contact Officer:	Dr Angela Bhan, Bromley Clinical Commissioning Group
Chief Officer:	Dr Angela Bhan, Bromley Clinical Commissioning Group
Ward:	NA

1. REASON FOR REPORT

1.1 This report is to provide an update to the Urgent and Emergency Care winter delivery schemes.

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2. SUMMARY

2.1 A number of initiatives have been implemented in Bromley over the past 6 months partially to provide capacity for winter surges and help the recovery of 4 hour A&E target.

2.2 These schemes were separated into 'In' and 'Out' of Hospital initiatives. The largest being:

Emergency care recovery plan. This plan incorporated additional staffing and several critical workstream (Patient flow, Internal professional standards, Ambulatory care and Acute Care Hub) these have all been implemented with varied success. A review/audit of the plan is underway

Transfer of Care Bureau. This has been implemented across the hospital starting with a collocation of all staff involved in the bureau. Each ward now has a case manager responsible for supporting the discharge. The bureau has impacted length of stay and facilited discharge through better intergrated working and discharge to assess beds. A 4 month review of the bureau is underway (due to complete the end of March 16) outcomes will inform the development of a specification for a more sustainable solution**.**

In-reach. An in-reach service provided by Bromley Health Care has been piloted to allow for community nurses to pull patients from the PRUH who can be treated in the community. This scheme was predominantly for admission avoidance but was also used to reduce length of stay and free capacity in the hospital**.** This scheme is currently under review and may inform a longer term service model.

All other winter initiative schemes will be reviewed as part of a winter scheme review event, due to be held in April 16.

Corporate Policy

1. Policy Status: N/A.
2. BBB Priority: Safer Bromley.

Financial

1. Cost of proposal: No cost
2. Ongoing costs: N/A.
3. Budget head/performance centre: N/A
4. Total current budget for this head: £N/A
5. Source of funding:

Staff

1. Number of staff (current and additional):
2. If from existing staff resources, number of staff hours:

Legal

1. Legal Requirement: <please select>
2. Call-in: Not Applicable: There is no Executive Decision

Customer Impact

1. Estimated number of users/beneficiaries (current and projected):

Ward Councillor Views

1. Have Ward Councillors been asked for comments? No.
2. Summary of Ward Councillors comments:

3. COMMENTARY

BROMLEY 4 HOUR A&E PERFORMANCE AND WINTER RESILIENCE UPDATE 2015-16

3.1 INTRODUCTION

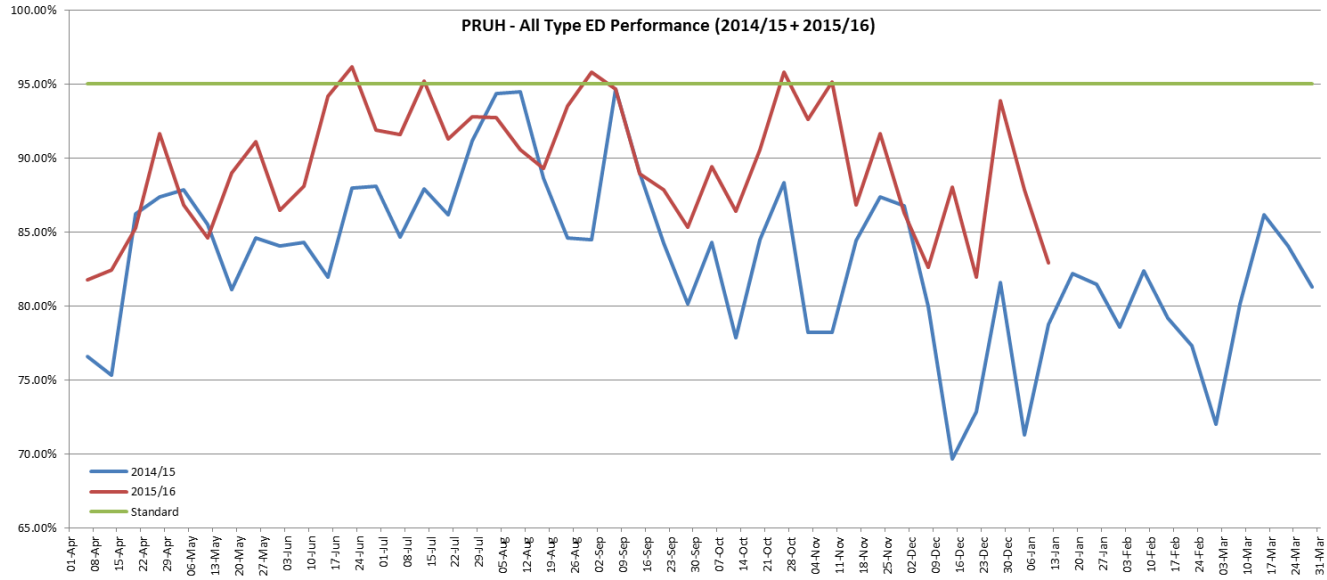
3.2 Delivering against the 4 hour A&E target remains a challenge within the Bromley Urgent Care system. Health and Social care partners have worked extensively over the past 12 months to improve performance through the development and in some instances, redesign of services.

3.3 Whilst the performance has not consistently reached the 95% performance target, there has been a vast improvement compared to last year with performance meeting and surpassing the target in isolated instances.

3.4 Performance

3.5 The following graphs indicate the performance against the 95% 4 hour A&E target compared to the previous year, and the all type attendances to the PRUH for 2014-15 and 15-16.

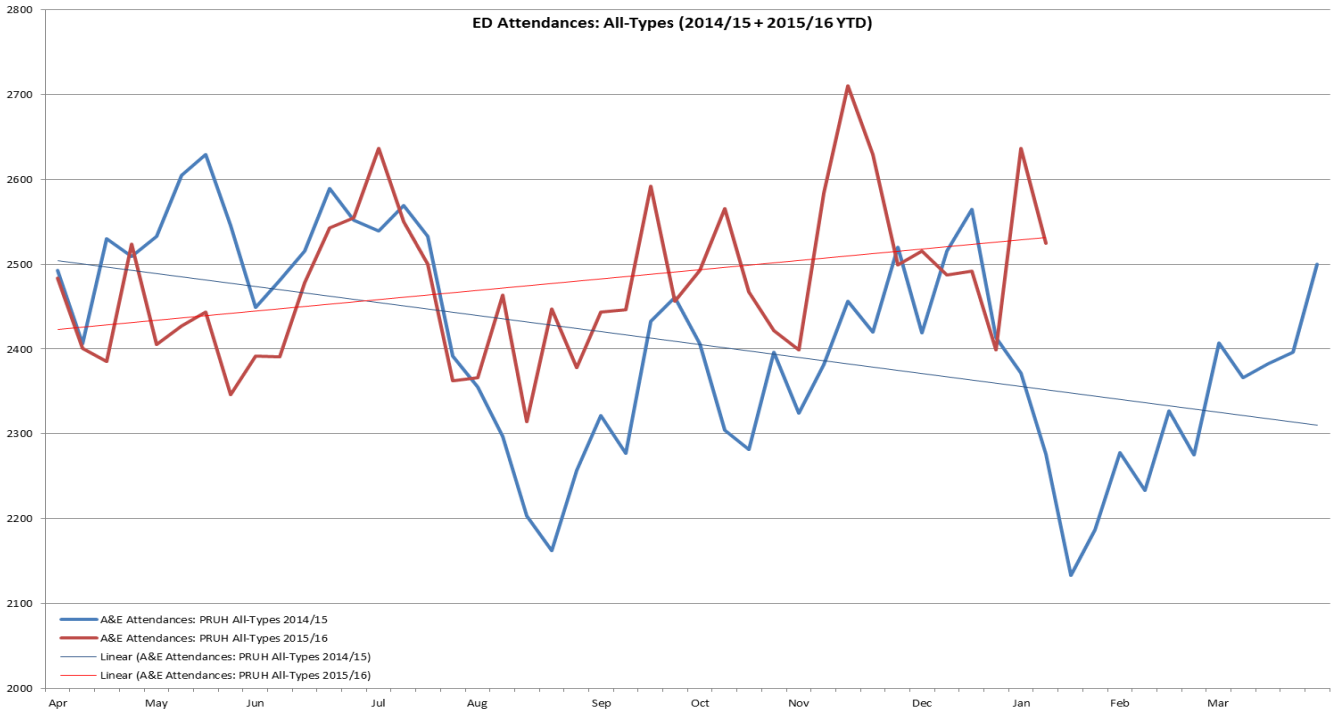
Graph 1 – All type performance 2014-15 vs 2015 vs 16



Graph 1 highlights performance for 2014-15 (blue line) and 2015-16 (red line) with the green line representing the 95% target. Overall the performance has improved in almost every month of the year and in small pockets reached the 95% target. It also highlights the inconsistency of the performance, which often varies on a daily or weekly basis. However one clear improvement is the systems ability to respond to poor performance and recover much quicker, therefore regaining capacity and flow.

As expected the majority of inconsistent periods happen throughout the winter months as attendance and admissions increased, and then had an impact on the capacity of the system.

Graph 2 All type attendances at the PRUH 2014-15 vs 15-16



Graph 2 highlights the attendance for all types for 2014-15 (blue line) and 2015-16 (red line). Attendances have steadily increased throughout the year, specifically since August 2015 where an increase of over 1000 additional patients attended the PRUH (compared to the same period the year before). Further attendance spikes occurred at the beginning of winter (November) as the country faced colder weather than previous months.

3.6 Way forward

As part of a wider improvement programme and following recommendations from Mckinsey, a number of key workstreams were implemented to:

a) Deliver against the 4 hour A&E target and recover the emergency pathway performance
b) Provide additional capacity to meet the increasing demands throughout the winter period

The remainder of this report highlights the initiatives implemented and provides an update on their progression.

3.7 DELIVERY PROGRAMME

3.8 To enable better management of all workstreams and associated actions a programme of work was developed across the whole of the Bromley urgent care system, this included the participation of all partners working in a collaborative manner. The programme structure focused on In hospital deliverables and out of hospital deliverables.

3.9 <u>In hospital</u>

Staffing – It was identified that additional senior staff were required to provide increased capacity in A&E and allow the implementation of (RAT) Rapid Assessment and Treatment at the front door. Two additional consultants have been recruited with the recruitment of a third appointment underway. Other additional senior staff were also reassigned.

Assessment and admission pathways – A pilot In-reach service was commissioned in November to enable community providers to "pull" patients out of the hospital who could be best treated in the community. To date over 340 patients have been pulled out of the hospital via the in-reach team (within a 3 month period).

Further work is required to streamline patients into the hospital; this will include a review and development of a "**one front door model".**

Inpatient management – ongoing work to optimise efficiency to reduce length of stay and ensure timely discharge planning and processes are embedded.

Bed capacity – a continuing bed capacity gap that results in poor flow and high bed occupancy rates. The Acute Care Hub, which opened at the end of November, has had limited impact due to winter surge demands and capacity. Further work to improve the functioning of the hub is underway.

An Ambulatory care model has been developed, which included moving the location of the current Ambulatory Care Unit to a vicinity closer to the Emergency Department. Further work is underway to develop this service and improve referral pathways into it.

ED Recovery plan- following Mckinsey's "One Version of the Truth" (OVT) evaluation recommendations and actions have been incorporated in the PRUH site ED Recovery Plan. Key in-hospital work streams cover:

Patient flow, Specialty response, Performance management, the development of the Acute Care Hub Implementing Internal Professional Standards, Paediatrics CDU, Front door integration, and Ambulatory Care.

The programme is currently undertaking an audit to assess current progress and identify areas that require additional work.

CDU - Increased capacity in the Clinical Decision Unit.

7 day working - Investment to support better 7 day working practices, with a particular focus on services to support weekend discharges. Performance on the weekend has improved due to the additional focus of this workstream. One of the key findings was a greater level of involvement from senior management on weekends was required, this has led to a reform in director on-call arrangements. Additional training for on-call managers and directors is being arranged across the system to help standardise the level of on call involvement in each organisation.

Enhanced therapy services - Investment in significantly enhanced therapy services was provided, recruitment of therapists is ongoing.

Winter initiatives - A range of enhanced winter initiatives was commissioned which included: increased mental health liaison capacity, better systems interface between UCC and ED, point of care testing, additional paediatric beds and enhanced radiography support.

These schemes have not been fully implemented and are still an ongoing implementation.

3.10 <u>Out of hospital</u>

3.11 Transfer of Care Bureau

The Transfer of Care Bureau soft launched in October 2015; initially with 4 case managers covering a selection of wards. In December the rest of the hospital went live with an additional 19 case managers recruited to enable every medical ward to have a dedicated case manager, with surgery sharing 4 managers across the 6 surgical wards.

Beds - The Discharge to Assess beds (transfer of care beds) went live on the 17th November 2015 for a month and concluded on the 18th December 2015, this was commissioned as a pilot to provide proof of concept. The beds were successfully utilised by a specific patient cohort with nurse provision provided by Bridges Healthcare, and medical cover provided by the GP alliance.

Additional beds have been secured to enable the continuation of Discharge to Assess; these have been secured in the Sloane Hospital in Beckenham.

Communication - A communications plan has been developed and key information and updates are disseminated to stakeholders on a regular basis.

Development of the Bureau

In January 2016 IPADs were introduced into the bureau which enables IPAD case managers to use mobile technology to input into a standard template, which provides the bureau with accurate real-time information and enables a greater quality of provision through standardised processes.

Transfer of care at home service - (Discharge to Assess at Home) was due to go live in December 15, however a lack of stay has caused a delay. The service will provide 4 hour rapid support package, for up to 2 weeks whilst funding is agreed for on-going care or to assess what health and social support is needed. Additional staff are being recruited.

Long-term – The bureau is currently being reviewed as part of a 4 month review process, which will enable lessons learnt to be captured, a reshaping of the model (if appropriate) and provide a draft specification to be developed. This will allow a long-term service solution to be procured.

3.12 Benefits to date

The implementation of the bureau has impacted the Medically Fit for Discharge (MFFD) – The MFFD list has reduced significantly over the last few months which has helped to reduce the volatility into our bed based services.

The bureau has also represented a new way of working by providing a single point of access for supported discharge for Bromley and out of borough stakeholders.

In hospital bed occupancy for the medically fit for transfer has fallen reducing the average length of stay by 2 days (partially due to refined pathways, collocation of staff and provision of case managers on all wards).

Bromley is one of the most improved health and social care economies in relation to patients who experience delays in leaving hospital – these are DTOC or delayed transfer of care patients. Bromley is ranked as the 14th best system nationally.

3.13 Primary Care

3.14 **Primary Care Access Hubs** - The Bromley GP Alliance has co-designed the service with the CCG to provide a 4 month pilot for Bromley registered patients. Key aspects of the service are:

- Hubs based at the Poverest Medical and Cator Medical Centres.
- Each hub will offer weekday access to same day booked GP appointments 4.00-8.00pm and weekend access 9.00-1.00pm. Weekend appointments will be pre booked.
- Initially hubs will offer 60 booked appointments a day, working up to 100 as the anticipated demand for appointments increases.
- Data sharing through Emis web is in place and 41/45 practices have returned signed data sharing agreements
- Hub GPs will be able to refer
- Hubs went live on 1 December 2015 and with robust plans in place for recruiting, communicating and training.

The next steps for the hubs is to widen their referral criteria, other providers e.g. 111 and the UCC will also be able to utilise hub appointments.

3.15 Primary care Innovation Fund

3.16 An innovation fund of £180,000 established to invest in local practice initiatives. Focus is on initiatives that improve quality of care, access to general practice, patient experience or reduce A&E or UCC attendances and/or admissions.

- Operational 4th January – 31st March 2016.
- The fund will be allocated to practices based on their weighted registered list size.
- Practices will be required to complete a template to apply for their allocation of the fund.
- The CCG has established a small working group, including clinicians, to review applications.
- The CCG has offered the Winter Case Management proposal to practices as an off-the-shelf innovation that practices can opt to deliver instead of developing their own initiative.

3.17 CONCLUSION

3.18 There has been an extensive amount of work across the system both in and out of hospital. Whilst the majority of the work has yet to be complete; it is clear that it has impacted performance positively and provided a better quality of patient care. In April 2016 we will be undertaking a full review of all our winter initiatives and performance to determine key successes and enable us to build a better platform for 16/17 winter. Delivery partners remain engaged and collaborative working remains a key aspect of our success.

6. FINANCIAL IMPLICATIONS

6.1 There are no financial implications, as the new service model has not been developed to provide cost savings or to alleviate cost pressures.

7. LEGAL IMPLICATIONS

7.1 Legal advice around procurements was provided through South of England Procurement services as part of their service agreement with the CCG.

Non-Applicable Sections:	Personnel and Policy Implications
Background Documents: (Access via Contact Officer)	